

L20000395770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

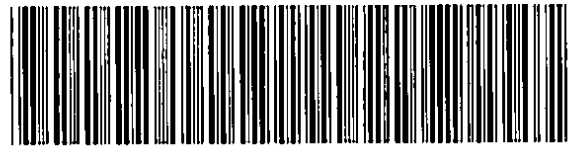
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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000394488570

LLC Amend

09/22/22--01006--003 **25.00

FILED
2022 SEP 22 AM 11:13

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 SEP 22 AM 10:46

RECEIVED

A. RAMSEY
SEP 22 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CENTURY HEALTH AND LIFE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rudolph Rice

Name of Person

CENTURY HEALTH AND LIFE LLC

Firm/Company

1770 NW 127th Way

Address

Coral Springs, FL 33071

City/State and Zip Code

logan987@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rudolph Rice

720

692-4615

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2022 SEP 22 AM 11:13

CENTURY HEALTH AND LIFE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/28/2020 and assigned
Florida document number 120000395770.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3111 N University Dr.

Suite 405

Coral Springs, FL 33071

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1770 NW 127th Way

Coral Springs, FL 33071

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Rudolph Rice

New Registered Office Address:

1770 NW 127th Way

Enter Florida street address

Coral Springs

City

Florida 33071

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Rudolph Rice	1770 NW 127TH WAY	<input checked="" type="checkbox"/> Add
		CORAL SPRINGS, FL 33071	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Gus Renny	1300 OLD CONGRESS RD	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33409	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ATLANTIC FAMILY FINANCIAL	ATLANTIC FAMILY FINANCIAL LLC	<input type="checkbox"/> Add
		2234 N. FEDERAL HIGHWAY, #3107	<input checked="" type="checkbox"/> Remove
		BOCA RATON, FL 33431	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

There is a sepearte notorized document outlining some of the unauthorized changes being made to the business removing the only Managing Member from the Sunbiz documents for no reason.

E. Effective date, if other than the date of filing: 07/13/2022 **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 09/21, 2022



Signature of a member or authorized representative of a member

Rudolph Rice

Typed or printed name of signee

FLORIDA JURAT

State of Florida)
)
County of Bay)

On 09/21/2022, before me, Kevin Ellis,
Date *Notary Name*

the foregoing instrument was subscribed and sworn to before me by:

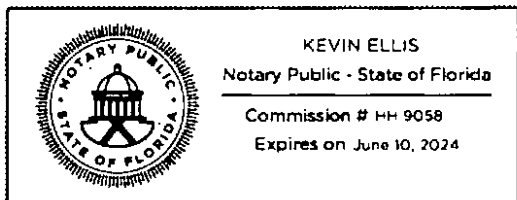
Rudolph Logan Rice

Name of Affiant(s)

☐ Personally known to me -- OR --

☐ Proved to me on the basis of the oath of _____ -- OR --
Name of Credible Witness

☒ Proved to me on the basis of satisfactory evidence: DRIVER LICENSE
Type of ID Presented



WITNESS my hand and official seal.

Notary Public Signature: 

Notary Name: Kevin Ellis

Notarized online using audio-video communication

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Declaration of Amendment

Document Date: 09/21/2022

Number of Pages (including notarial certificate): 2

I, Rudolph Rice, Do not allow the
fraudulent amendment on 9/21/22, AKA
Document # L20000395770.

As the Managing Member, this was done without my
knowledge or consent. I cannot even find the
current owner of the company on Sunbiz,
(Atlantic Family Financial) So with this document,
I will submit a separate amendment reinstating my
position, and correcting the Articles of Incorporation once and
for all.



Rudolph Logan Rice 09/21/2022

Rudolph Rice

Rudolph Rice

720.692.4615

Rudy@centuryagents.com